Instructions for completing proof of death claimant’s statement

We have prepared this claim kit to assist you in filing a claim for death benefits. It is important that we receive all of the information requested.

Death claim document requirements - The following documents are required to file a claim.

• A death certificate. With cause and manner of death. If there are multiple beneficiaries on a contract, only one beneficiary needs to supply. Please reference your letter to determine if an original or copy of a death certificate is required.

• A completed Life proof of death claimant's statement (3864-1)*.

• Any additional requirements listed below, or requested by us.

Special instructions and additional requirements

• Assignments for funeral expenses require a signed assignment form (supplied by the funeral home) and an itemized copy of the funeral bill. If there are multiple beneficiaries, each beneficiary is required to sign an assignment form. A separate check for the amount of the assignment will be mailed directly to the funeral home.

• When no beneficiary is named, or if no beneficiary survives the insured, the proceeds are payable to the Estate of the insured or policyowner in accordance with the policy provisions. If the proceeds are payable to the estate, the executor or administrator of the deceased’s estate must complete the Life claimant statement. A Court certificate of appointment is required. Also, a separate Tax Identification number for the Estate is required. A decedent and their Estate are considered separate taxable entities and therefore the Estate will need to apply for a Tax Identification number or Employer Identification number (EIN). Please contact your tax advisor for additional tax filing questions.

• If the proceeds are payable to a trust, a completed Certification of trust form (7519)* is required. For questions on how to complete this form, please consult your legal advisor or trust preparer. Generation-Skipping Transfer Tax Release form (12973)* is required when proceeds are payable to the Trust equals or exceeds $250,000.00. This form must be notarized.

• If the proceeds are payable to a minor or incompetent beneficiary, the guardian of the estate of the minor or incompetent beneficiary must complete the annuity claimant statement. A Court certificate of appointment is required. If Legal Guardianship is not established, the Company will hold the proceeds, at interest, until the minor reaches the age of majority.

• If the proceeds are payable to a beneficiary with a power of attorney and the attorney-in-fact completes the claimant statement, completion of the Certificate of power of attorney form (19656)* is required. If the beneficiary is unable to sign, please include the full power of attorney document and explanation as to why the beneficiary is unable to sign the Certificate of power of attorney.

• If a beneficiary is deceased, a death certificate is required.

• When the named beneficiary is a business, corporation, or organization, the original signature of an authorized representative is required. A copy of the corporate resolution showing authorized party to sign on behalf the business, corporation or organization is required.

• If the death occurred outside of the United States, the official death certificate issued in the country where the death occurred and a completed Foreign death questionnaire form (12974)*, a Report of Death of an American Citizen, Part Two of the Claimant's Statement form (3864-2)* and a HIPAA Authorization form (10094)* are required. If the proceeds are payable to a beneficiary with a power of attorney and the attorney-in-fact completes the claimant statement, completion of the Certificate of power of attorney form (19656)* is required. If the beneficiary is unable to sign, please include the full power of attorney document and explanation as to why the beneficiary is unable to sign the Certificate of power of attorney.

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• If the beneficiary designation is surviving children, a completed and notarized Affidavit of surviving children form (6506)* is required from one surviving child.

• If the claimant’s name is different than what was listed by the owner, please submit the appropriate documentation (e.g., name change document, marriage certificate, divorce decree, etc.).

• Contestable Claims (when the death has occurred within the first two years of the policy contract date, reinstatement, increase of coverage, or change of class). In addition to the other claim documents, Part Two of the Claimant's Statement form (3864-2)* and a HIPAA Authorization form (10094)* are required.

• Accidental Death Benefits (if the policy provides additional benefits for accidental death). In addition to the other claim documents, Part Two of the Claimant's Statement form (3864-2)* and a Claim HIPAA Authorization form (10094)* are required. Please provide copies of the accident report and/or police incident report, newspaper clippings, or any other documentation regarding the accident or incident if available.

• All pages of the Life Proof of Death Claimant’s Statement must be returned for acceptance. Any forms containing white out will not be accepted and will require a new form to be completed.

*We invite you to visit our website at MidlandNational.com/life-claim-forms for helpful brochures that provide additional information on settlement options that may be available to you. Frequently asked questions about the claim process and electronic versions of the claims forms. Copies of the documents found on our website can be obtained by calling our claims department at the number listed below. If you have questions or need assistance on how to complete a form please call us toll-free at 800-733-2524. We are available Monday through Thursday from 7:30 a.m. to 5:00 p.m. (central time) and Friday from 7:30 a.m. to 12:30 p.m. (central time). A service professional will be happy to take your important call.

Our mailing address is:
Midland National® Life Insurance Company
Life Division
P.O. Box 5973
Sioux Falls, SD 57117

Our overnight mailing address is:
Midland National® Life Insurance Company
Life Division
One Sammons Plaza
Sioux Falls, SD 57193